ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	*CMof*	67477	04/10/02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	0	.... Objected

Claim Final	Original	Date										
	(1)	✔										
2	/	✓										
3	/	0										
4	/	c										
5	/	✓										
6	/	✓										
7	/	/										
8	✓	✓										
9	/	/										
10	/	✓										
11	/	0										
12	/	0										
13	/	✓										
14	/	✓										
15	✓	✓										
(16)	/	✓										
(17)	/	✓										
18	/	✓										
19	/	✓										
20	✓	/										
(21)	/	✓										
22	/	c										
23	/	0										
24	/	0										
25	/	0										
(26)	✓	✓										
27	✓	✓										
28	0	c										
29	0	0										
30	0	0										
(31)	=	<										
32	=	<										
33	=	<										

Claim Final	Original	Date										
	51	✓										
	52	0	0									
	53	0	0									
	(54)	=	=									
	55	<	>									
	56	<	<									
	57	>	<									
	58	>	<									
	59	>	<									
	60	0	0									
	61	0	0									
	(62)	=	<									
	63	>	<									
	64	>	>									
	65	<	<									
	66											
	67											
	68											
	69											
	70											
	71											
	72											
	73											
	74											
	75											
	76											
	77											
	78											
	79											
	80											
	81											
	82											
	83											
	84											
	85											
	86											
	87											
	88											
	89											
	90											
	91											
	92											
	93											
	94											
	95											
	96											
	97											
	98											
	99											
	100											

Claim Final	Original	Date										
	101											
	102											
	103											
	104											
	105											
	106											
	107											
	108											
	109											
	110											
	111											
	112											
	113											
	114											
	115											
	116											
	117											
	118											
	119											
	120											
	121											
	122											
	123											
	124											
	125											
	126											
	127											
	128											
	129											
	130											
	131											
	132											
	133											
	134											
	135											
	136											
	137											
	138											
	139											
	140											
	141											
	142											
	143											
	144											
	145											
	146											
	147											
	148											
	149											
	150											

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)